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39207 7590 06/17/2005

SACCO & ASSOCIATES, PA
 P.O. BOX 30999
 PALM BEACH GARDENS, FL 33420-0999

09/19/2005 TBESHAH2 00000016 09418628

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Robert J. Sacco (Depositor's name)
 (Signature)
 9-12-05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/418,628	10/15/1999	TERRY L. WILLIAMS	6785-109	9136

TITLE OF INVENTION: METHOD FOR DYNAMIC ALLOCATION OF WIRELESS BASE STATION DSP RESOURCES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	09/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BEAMER, TEMICA M	2681	370-329000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

Sacco & Associates, PA

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AIRNET COMMUNICATIONS CORPORATION

MELBOURNE, FL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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- ☒ Issue Fee
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☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 50-2884 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name

Robert J. Sacco

Registration No.

35,667

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 09/418,628
Applicant : Williams
Filed : October 15, 1999
TC/A.U. : 2681
Examiner : Beamer, Temica M.
Docket No. : 6785-0109
Customer No. : 39207

Confirmation No. 9136

TRANSMITTAL LETTER

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P.O. Box 1450
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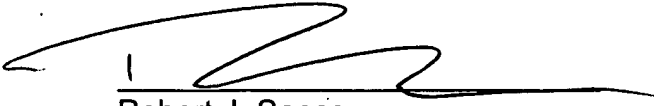
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- ✓ PTOL-85 Fee Transmittal
- ✓ Fee: \$709
- ✓ Other: Postcard Receipt
- ✓ Please charge any deficiencies or credit any overpayments to Deposit Acct. No. 50-2884.

Respectfully submitted,

9-12-05
Date


Robert J. Sacco
Registration No. 35,667
SACCO & ASSOCIATES, P.A.
P.O. Box 30999
Palm Beach Gardens, FL 33420-0999
Tel: 561-626-2222

Certificate Under 37 C.F.R. 1.8(a)

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